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Narrative Identity and Trauma: Understanding Stories of Psychological Injury McLarty, Lisa

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Abstract Objectives: It has been proposed that mental illness poses a threat to one's identity and sense of self when an individual's personal narrative is overshadowed by prevailing illness narratives that emphasize deficits and dysfunction. Consequently, one of the functions of therapy is to enable individuals to reconstruct their life stories in a more affirmative manner, thereby aiding in the re-establishment of a meaningful identity and sense of self. This research investigates the potential role of sport and exercise in this transformative process. Method: We employed an interpretive methodology that encompassed semi-structured interviews and participant observation with 11 men experiencing serious mental illness to collect narratives regarding their sport and exercise experiences. We performed a narrative analysis to identify the broader narrative types present in the participants' accounts. Findings: We discerned three distinct narrative types that underlie the participants' discussions about sport and exercise: (a) an action narrative centered on “going places and doing things”; (b) an achievement narrative focused on accomplishments derived from effort, skill, or bravery; (c) a relationship narrative that encompasses shared experiences and the opportunities to discuss those experiences. It is important to note that these narrative types significantly diverge from, and may serve as alternatives to, the dominant illness narratives. Conclusion: This study offers a different viewpoint on how sport and exercise can assist men with serious mental illness by providing narrative resources that empower participants to reframe aspects of their lives through the creation and sharing of personal stories, which in turn helps them to reconstruct or sustain a positive sense of self and identity.

Keywords: mental health, identity, physical activity, schizophrenia, narrative, therapy Narrative, identity and mental health 2 Narrative, Identity and Mental Health:

How Men with Serious Mental Illness Re-story Their Lives Through Sport and Exercise In this article, we aim to enhance the dialogue surrounding the psychological effects of... As Baldwin (2005) states, due to "cognitive difficulties or loss of language, individuals may lose the ability to construct and articulate a coherent narrative" (p. 1023). In a similar vein, he indicates that an "individual's interactions with others may be restricted by a condition that results in decreased opportunities to launch and maintain narratives" (Baldwin, 2005, p. 1023). In this context, issues related to thought processes, communication, social withdrawal, and/or inactivity can collectively conspire to deprive a person with serious mental illness of the chance to both create and share narratives of his or her life. A probable outcome of this deprivation, as suggested by narrative theorists like McLeod (1997) and Crossley (2000), is that individuals are consequently limited or constrained in the ways they can sustain or develop a coherent, meaningful life story that helps preserve or renew their identity and sense of self. Narratives and Culture It is noteworthy that, although stories are personal, they are simultaneously influenced by cultural factors. McLeod (1997) asserts that "Even when a teller is recounting a unique set of individual, personal events, he or she can only do so by drawing upon story structures and genres drawn from the narrative resources of a culture" (p. 94). Therefore, a person's own narrative is shaped and limited by the stories that circulate within the culture in which he or she is embedded. Frank (1995) refers to these as narrative types, which he defines as "the most general storyline that can be recognized underlying the plot and tensions of particular stories" (p. 75). In Frank's view, "People tell their own unique stories, but they compose these stories by adapting and combining narrative types that cultures make available" (p. 75). In the realm of serious illness, a dominant medical narrative serves to shape and limit an individual's story regarding (and e The experience of illness is elaborated upon by Frank (1995), who states, "Frank (1995) and Smith and Sparkes (2005a) propose that individuals facing chronic illness require alternative narrative resources to articulate their lives, thereby preventing narrative wreckage and preserving or restoring their sense of self, identity, and mental health. During such times, Baldwin

(2005) asserts that, "to challenge disabling master narratives, it is essential to construct and realize counterstories that are individual, enabling, and meaningful" (p. 1027). The Therapeutic Potential of Sport and Exercise Narrative, identity, and mental health 7. McLeod (1997) and Baldwin (2005) indicate that a crucial aspect of therapeutic interventions for individuals with mental health issues is the chance to initiate and sustain personal narratives that restore a sense of meaning, identity, and coherence in one's life. In this context, White and Epston (1990) argue that therapy should "create space for individuals to re-author or redefine themselves, each other, and their relationships based on alternative stories or knowledge" (p. 75). This process enables individuals to construct and share a life narrative that 'makes sense' within the framework of their experiences and the cultural narrative types accessible to them. McLeod (1997) emphasizes that this endeavor is vital for psychological well-being and mental health, stating that "the task of being a person in a culture involves creating a satisfactory alignment between individual experience and 'the story of which I find myself a part'" (p. 27). How can participation in sport and exercise facilitate this process? We propose that a significant issue lies in the distinction between engagement in sport and exercise and conventional pharmaceutical treatments, as the former can transcend merely alleviating problems by adding positive elements to an individual's life. Anthony (1993) highlights that this distinction is crucial in terms of recovery: There exists the potential that efforts to... While previous research suggests some important ways in which sport and exercise can help people with serious mental health difficulties, the question of how these changes come about is far from resolved. We suggest that the previously discussed social constructionist conception of narrative theory has the potential to provide fruitful insights into this question. Given that this project represents the first use of a social constructionist narrative approach to physical activity and mental health research, in keeping with the ethos of interpretive research we attempt to illuminate rather than pin down what Davidson and Roe (2007) recognise as "an extremely complex terrain, about which we still know very little" (p. 460). Our purpose therefore is to explore the ways in which narrative, identity and

mental health relate to one another within the specific context of sport, exercise and serious mental illness. Specifically, we focus on developing understanding of how sport and exercise involvement can help some men with serious mental illness through providing opportunities for the creation and sharing of personal stories which facilitate the narrative (re)construction of identity and sense of self. We hope to achieve this by exploring the kinds of stories eleven men with serious mental illness told about their experiences of sport and exercise. Method Participants and Procedures The interpretive approach used in this study was strongly influenced by our recognition of the potential challenges, difficulties, and risks of conducting research in the context of serious mental illness. In particular, given our desire to obtain first person narrative accounts of sport and exercise within the context of serious mental illness, it was necessary to Narrative, identity and mental health 9 conduct interviews which provided participants with opportunities to tell their own stories. According to Stone (2004), however, there is a risk in telling these kinds of personal stories in the context of mental illness: to formulate a narrative will necessitate a willed passage into and through the same spaces of self – thought, memory and emotion – in which the illness has been, and possibly still is, manifest … All of this, I want to suggest, means the narrative journey may be a perilous one. (p. 20) In an effort to minimise the dangers which may arise from talking about and 'revisiting' potentially traumatic life phases, we employed two strategies of ethnographic research which we believed would reduce the risk of participants experiencing distress. The first strategy involved striving to develop a high degree of trust, rapport, and familiarity with participants. Specifically, following ethical clearance from the NHS Trust Research Ethics Committee, I (David Carless) engaged in prolonged immersion in the field over an 18 month period where he participated in the daily life of a vocational rehabilitation centre for people with serious mental illness. During this time, I took part in sport and exercise groups as well as social and day-to-day activities which helped build trust and rapport with potential participants. For Kitrina Douglas, trusting relationships and familiarity with participants were established through Kitrina attending the centre on a weekly basis and coaching a golf activity

group which was developed, organised, and run by both authors and offered alongside other physical activity sessions at the centre. Potential participants were identified on the basis of (i) their personal experience of both serious mental illness and sport/exercise participation; (ii) their willingness to take part in the research; and (iii) mental health professionals' assessment that the individual was sufficiently mentally well to participate. In total, 11 participants agreed to take part in the research and provided informed consent. At the time of the research participants were aged between 24 and 43 and all were considered to be experiencing severe and enduring mental illness. Narrative, identity, and mental health 10 The second strategy involved employing two separate methods of data collection to achieve a comprehensive and extensive understanding of the background and context of the participants' experiences. These methods included: (a) Participant observation. During sports and exercise activities, as well as daily life at the rehabilitation center, field notes were independently compiled by both authors to record observations, interpersonal interactions, and personal reflections; (b) Semi-structured interviews. A total of 16 interviews were conducted, with each participant participating in one to three interviews, each lasting between 20 and 90 minutes. Participants were encouraged to discuss: (i) their experiences in and through sports and exercise; (ii) particularly memorable moments related to sports or exercise; (iii) their prior involvement in sports and exercise; (iv) any ways in which sports or exercise impacted them. Before concluding the interview, participants were asked if there was anything else they wished to share regarding their experiences with sports, exercise, or mental health. Throughout the interviews, the researchers acted as 'active listeners' to facilitate the participants in expressing their experiences in their own words. The interviews took place in the familiar environments of the day center or physical activity venue and were audio recorded and transcribed verbatim, except for one participant who requested that a tape recorder not be used. Analysis of Narrative The initial stage of analysis involved both researchers conducting several close readings of the interview transcripts and field notes to become deeply engaged with the data. Subsequently, we performed a content analysis

using quotations as the unit of analysis (Sparkes, 2005) and followed the process outlined by Lieblich, Tuval-Mashiach, and Zilber (1998) as categorical-content analysis. By identifying prevalent narrative types that underpin participants' stories related to sport and exercise, we aimed to enhance our understanding of the significance of these activities within the socio-cultural context of the participants. Consequently, we now present our findings in the form of three distinct story types that emerged from the participants' accounts of their experiences in sport and exercise. We categorize these as action, achievement, and relationship narratives, and we illustrate how these narrative types are connected to the participants' experiences in the realm of sport and exercise activities. Findings An Action Narrative: "Going places and doing stuff" I enjoy going out and about; as I mentioned, people often have a soft drink and engage in play, enjoying themselves... keeping their minds occupied, it's about going places and doing things. A recurring theme that structured the participants' stories and discussions regarding their involvement in sport and exercise was the notion of action. By 'action,' we refer to, as one participant articulated, "going places and doing stuff." In this context, the action narrative encompasses an embodied experience of some sort, linked to a physical process or bodily movement. For some individuals, taking action—having an activity to engage in and a destination to reach—was expressed as personally valuable and meaningful, even if it merely provided them with a reason to leave the house: It's just that I have an activity planned for the afternoon, so I'm not just sitting and watching TV or something like that. I watch so much that it tends to draw me in. I need to break away from a day spent indoors and get out to do something... It's something that motivates me to get out of bed, to rise that morning. The action narrative is noteworthy as it stands in stark contrast to the prevailing narrative of serious mental illness, which often centers around inactivity, a lack of engagement, and withdrawal from life (see for example... I believe that during my youth, I may have overindulged, and with the passing of our father, I experienced another episode of depression. Attending the funeral reignited those feelings, but I am feeling well now. I feel fine at this moment. Interviewer: What do you think has contributed to

this change? Uh [pause]. Engaging in activities is, I believe, the primary factor – it keeps me occupied, you know. Another individual elaborated on how staying active through sports and exercise provided him with a sense of purpose. He mentioned his participation in a five-a-side football team, stating: I find it enjoyable and derive satisfaction from the fact that I am actively engaged in something worthwhile. This is significant, as it allows me to utilize my time effectively. I am aware that I have not squandered my time; instead, I have spent it constructively, engaging in activities that benefit me. For him, the concept of 'using time effectively' was linked to his conviction that participating in sports and exercise offered valuable physical and mental health advantages. For those who continued their involvement, sports and exercise became an integral part of their weekly or daily routines. One participant, discussing a community-based five-a-side league he joined, noted: It becomes a routine that you adapt to, I believe. It's like football; I feel excited about it on Mondays. When you arrive and observe others play before your turn, it boosts your confidence and you eagerly anticipate joining the game. For some who voluntarily engaged in sports and exercise groups, there was a feeling that time passed swiftly. In this regard, some participants perceived that by taking action and being active, time seemed to accelerate; they no longer felt as though they had an abundance of time available. A brief exchange occurred between two individuals. Interviewer: How do you perceive your own performance? Well, today it was exceptional because I achieved two threes, and I cannot recall ever accomplishing that! [laughs] Interviewer: Do you believe you have evolved in any way regarding golf over the past two months? Hmmm [in a tone of agreement] [pause] Interviewer: What has changed? Um [pause]. I simply think it has become more enjoyable as time has progressed. Interviewer: What do you attribute that to? Achieving a couple of threes! [laughs] Through participant observation, we observed how accomplishments led to expressions of joy and satisfaction among individuals, which were frequently shared with others in the activity group. A noticeable shift in mood and demeanor, resulting from a successful putting performance, is illustrated in the following excerpt from our field notes: In the second

group, consisting of Jerry, Peter, and Harry, it was Harry who particularly appeared delighted with his achievements. Having been noticeably reserved in the café [prior], mostly gazing down from beneath the brim of his cap towards the ground, he lifted his head, cheered, and displayed a broad smile after scoring his first 50 points. (4 June) We suggest that achievements, for some, are linked to positive emotions that are directly associated with a physical sense of skilled movement, feel, and performance outcome. One participant, for instance, articulated how executing a good golf shot elicited positive feelings of which he was acutely aware and found pleasurable: Interviewer: How does it feel when you make good shots? Oh, lovely … yes, it feels good. You know that you are capable of it, like. It provides a sense of satisfaction … when you connect with the ball, when you follow through with the ball, and the club, you make contact with the ball, it's that kind of swing, and when you realize you hit it – it's that sound as well, I believe, you know, there's a pleasing sound. Another individual associated his growing proficiency in golf with a sense of optimism and hope regarding his continuous improvement. A recurring theme in personal achievement narratives was the astonishment at one's own accomplishments. This was especially noticeable among members of the golf group who either had never played golf prior or had not participated since the onset of mental health issues. As one participant expressed, "I was surprised I could do it at all – when I hit the ball, I was amazed that it went anywhere." In this context, the achievements of participants often surpassed their own expectations, as illustrated by the following dialogue: Interviewer: Can you recount the most memorable shots you've made? Yes. One, was it a week or a couple of weeks ago, when I putted and unexpectedly got the ball into the hole! – I couldn't believe what I saw – I felt delighted – with disbelief! Narrative, identity and mental health 18 Similarly, another participant recounted being "amazed" by his most unforgettable golf shot: I hit a beautiful one last week with the six-iron, you know, when we were out at [names pitch and putt course] – on the first one – I couldn't believe it! I thought, "How the hell did I do that?" I thought, well I've got to try and remember what I actually did to hit that ball – I just sort of prepared for the shot,

swung the club, and it worked, and I thought, "Oh, hurray!" like. Yeah, I thought, you know, I've done it like – It was incredible, I truly amazed myself. I didn't think it would turn out that way. These moments of surprise were quite common. Often, as the following excerpt from our field notes shows, the joy and astonishment at one's own successful performance led to verbal exchanges among group members, creating a shared moment of celebration: There was a palpable sense of excitement among several individuals. Harry frequently shouted excitedly, "Whoa! It's on the green!" while Andrew gasped several times, "Ooooh!" in response to his better shots. On the first hole, after a fairway shot, Andrew exclaimed, I enjoy being around others, as you can see; I appreciate social interactions, sharing laughter, and similar activities. I do not favor solitude with my thoughts, do you comprehend? ... I prefer being with people. That is all. For this individual, it is evident that the activity itself held little appeal. Nevertheless, he participated in and consistently attended a golf program primarily for the social opportunities it offered. His account suggests that this type of social engagement provided a distraction for his thoughts, which was more desirable than being alone. A social inclination was prevalent among numerous participants who cherished the chance to connect and forge new friendships through sports and physical activities. When inquired about his experience as a member of a sports group, one participant stated: It is a beneficial social activity to be with them. It is enjoyable to be in their company. Additionally, you can learn from others about their experiences, and I believe you can discuss it, you know. They will likely inquire about your feelings, and I think that is how you gain knowledge ... it creates a pleasant atmosphere ... It feels different when you are not part of a group, doesn't it? You feel somewhat isolated, don't you? The atmosphere is not as vibrant, do you understand? This notion of social "atmosphere" or occasion was something we noted during group-based sports activities, as illustrated by the following excerpt from our field notes: There appeared to be no interpersonal issues whatsoever. In fact, the group members were exceedingly generous and supportive of one another. For instance, when William hit the ball off the tee at a ninety-degree angle into the rough, Harry

immediately exclaimed, "You can have that again." Ronnie concurred, "Yes, he can have it again!" Likewise, when Harry completed the hole, Ronnie approached him and offered a 'fist handshake' along with verbal congratulations. (9 July) A sense of support and consideration for one another was also evident. Instead, we observed something that was enacted or unfolding within the dynamics of a group. Consequently, 'miniature stories' of consideration and generosity were frequently encountered in daily interactions among group members. An illustration of this relational orientation can be found in the following excerpts from our field notes, which, although pertaining to the same event, were documented independently by both researchers: Before the round, Richard offered Chris a roll-up cigarette. Chris responded, "Are you sure? Thanks very much," with a tone of pleasant surprise that implied it was perhaps uncommon for cigarettes to be offered around. At the 6th tee, Chris reciprocated the generosity by inquiring whether Richard or I would like a cigarette. (16 July) There exists a sense of gentleness and mutual respect among the group members. This is exemplified by simple gestures such as offering a cigarette… Richard offered Chris a cigarette, and Chris humbly inquired if Richard was sure. His question conveyed that he took nothing for granted, indicating that Richard's offer was not an expectation. (16 July) Discussion It is evident that every research approach possesses inherent strengths and limitations. We identify three limitations that are particularly pertinent to this research. Firstly, our focus has been solely on men's experiences of sport and exercise. Further investigation is necessary to understand how women with serious mental health issues engage with sport and exercise. Given the generally lower participation rates among women and the distinct socio-cultural significance of sport and exercise for them, we anticipate that women's narratives will differ significantly from those of men. Secondly, as Smith and Sparkes (2005b) note, a potential drawback of this type of analysis, if not approached with caution, is its tendency to overlook or fail to highlight the dynamic and fluid nature of narrative structures. Among the 11 participants, several either did not wish or were unable to engage in an extended series of interviews. To address this potential limitation, our solution was to incorporate

observational data of a more naturalistic nature to explore participants' interactions, conversations, and social exchanges outside of interview contexts. However, we suggest that further exploration of the dynamic and fluid nature of narratives over time and in alternative social contexts is likely to be a productive topic for future research. A third potential limitation concerns our identification of specific narrative types, which may risk 'creating yet another general unifying view that subsumes the particularity of individual experience' (Smith & Sparkes, 2005b, p. 234). To counter this risk, we emphasize that action, achievement, and relationship narratives are not the only kinds of stories men might tell about sport and exercise, and we share Frank's (1995) view that other types of narratives can and should be proposed. Following Frank (1995), we emphasize that our suggestion of three underlying narrative types 'does not deprecate the originality of the story any individual ill person tells, because no actual telling conforms exclusively to any of the three narratives' (p. 76). In this regard, participants' stories are unique, and as Frank notes, different narrative types are told alternately and repeatedly. Although participants often exhibited a preference for a particular narrative type, all participants told different types of stories at different moments in time. Thus, we hope these narrative types raise awareness of possible alternatives to the dominant medical narrative and that they may be used as listening devices (Frank, 1995) to allow these stories to be heard.

In terms of strengths, the three narrative types provide valuable insights into the ways in which sport and exercise are experienced by men with serious mental illness. Of particular relevance, we suggest, is that our analysis of participants' stories shows how sport and exercise are perceived by these individuals. Among the 11 participants, a number did not wish or were unable to engage in an extended series of interviews. To mitigate this potential limitation, our approach was to include observational data of a more naturalistic kind to investigate participants' interactions, discussions, and social exchanges outside of interview contexts. Nonetheless, we propose that further exploration of the

dynamic and fluid nature of narratives over time and in alternative social contexts is likely to be a fruitful area for future research. A third potential limitation pertains to our identification of specific narrative types, which may risk 'creating yet another general unifying view that subsumes the particularity of individual experience' (Smith & Sparkes, 2005b, p. 234). To address this concern, we emphasize that action, achievement, and relationship narratives are not the only types of stories men might recount regarding sport and exercise, and we align with Frank's (1995) perspective that other narrative forms can and should be proposed. Following Frank (1995), we assert that our identification of three fundamental narrative types 'does not deprecate the originality of the story any individual ill person tells, because no actual telling conforms exclusively to any of the three narratives' (p. 76). In this context, the stories of participants are distinctive, and as Frank observes, various narrative types are recounted alternately and repeatedly. While participants frequently displayed a preference for a specific narrative type, each participant narrated different types of stories at various moments. Therefore, we hope these narrative types enhance awareness of potential alternatives to the prevailing medical narrative and that they may serve as listening devices (Frank, 1995) to ensure these stories are acknowledged.

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